

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN346AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2010
NAME OF PROVIDER OR SUPPLIER RIVERVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 979 RIVERVIEW DR GARDNERVILLE, NV 89410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 25375</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/25/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 876 SS=C	<p>449.2742(4) Medication Administration NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p>	Y 876		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 876	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review on 1/25/10, the facility failed to provide proof that 1 of 6 employees Employee #6) had successfully completed training and examination as outlined in NRS 449.037 6e- to include initial medication management training for caregivers. This affected all residents in the facility Severity: 1 Scope: 3	Y 876		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review and interview on 1/25/010, the facility failed to ensure that all medications available to be given to 1 of 7 residents had a physician's order (Resident #7).	Y 878		

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Y 878	Continued From page 2 Severity: 2 Scope: 1	Y 878		
Y 905 SS=E	<p>449.2746(1)(a)-(c) PRN Medication</p> <p>NAC 449.2746</p> <p>1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless:</p> <p>(a) The resident is able to determine his need for the medication.</p> <p>(b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or</p> <p>(c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.</p> <p>This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review and interview on 1/25/10, the facility received an as needed medication order for 2 of 7 residents which required a determination by a medical professional (Resident # 4, hydrochlorothiazide, and #5, Tylenol).</p> <p>Severity: 2 Scope: 2</p>	Y 905		

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